

# County of Santa Clara

## Department of Environmental Health



### Consumer Protection Division

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
Phone (408)918-3400 Fax (408)258-5891  
Website: [www.EHinfo.org](http://www.EHinfo.org) Email: [dehweb@deh.sccgov.org](mailto:dehweb@deh.sccgov.org)

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April 2, 2019

Attention: Alice Shen  
2219 W. Olive Ave, #257  
Burbank, CA 91506

**PROJECT NUMBER: SR0859846**  
**PROJECT NAME: ALICE SHEN**  
**PROJECT APN: 351-15-026**  
**PROJECT ADDRESS: 17580 STEVENS CANYON CUPERTINO**

Dear sr. Shen:

The Department of Environmental Health (DEH) has reviewed and approved your well location on the Well Water Construction Application dated 3/7/19. Your approved application has been emailed to the Santa Clara Valley Water District (SCVWD) for their approval. Should you have any further questions or comments regarding your application, please follow-up with the SCVWD.

Santa Clara Valley Water District  
5750 Almaden Expressway  
San José, CA 95118  
(408) 265-2600

**Note: This well requires a 100-foot annular seal as it does not meet the required minimum setback of 50 feet to the sewer tight line.**

If this well is intended for drinking water, then it requires drinking water clearance. For Individual Water Clearance go to:

[https://www.sccgov.org/sites/cpd/programs/dwp/Documents/Checklists/WP\\_Checklist\\_Individual\\_Well.pdf](https://www.sccgov.org/sites/cpd/programs/dwp/Documents/Checklists/WP_Checklist_Individual_Well.pdf)

Note: Auto chlorination of the drinking water system will be required as this well does not meet the required minimum setback of 50 feet to the sewer tight line.

Very truly yours,

Micole Jorgensen, REHS  
Senior Environmental Health Specialist  
Well Water Program

cc: Owner: Alice Shen  
File

Board of Supervisors: Cindy Chavez, Mike Wasserman, Dave Cortese, Susan Ellenberg, S. Joseph Simitian  
County Executive: Jeffrey V. Smith

Date 4/2/19 No. 859846

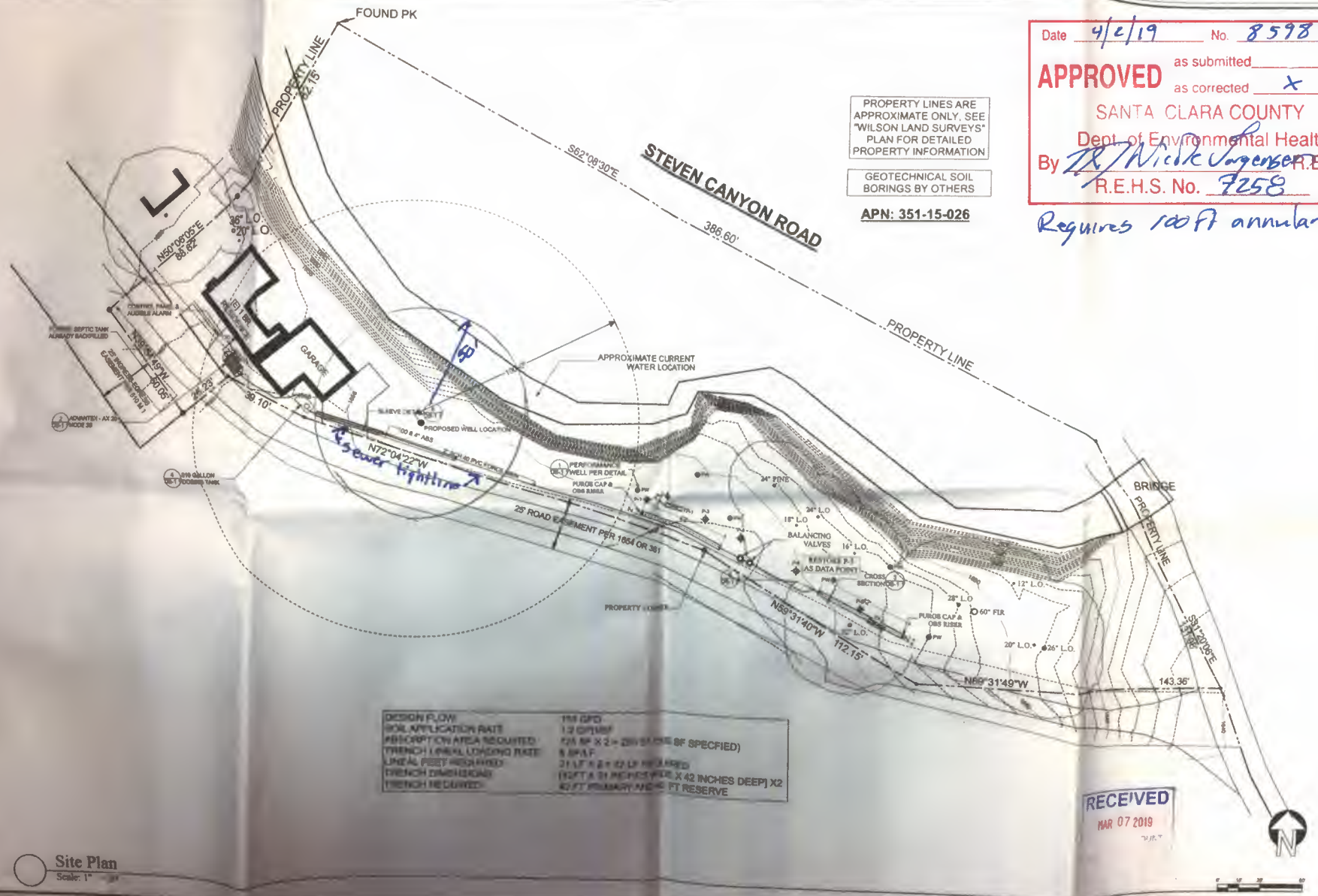
**APPROVED** as submitted \_\_\_\_\_  
 as corrected X  
 SANTA CLARA COUNTY  
 Dept. of Environmental Health  
 By Dr. Nicole Jorgensen R.E.H.S.  
 R.E.H.S. No. 7258

*Requires 100 FT annular seal*

PROPERTY LINES ARE APPROXIMATE ONLY. SEE "WILSON LAND SURVEYS" PLAN FOR DETAILED PROPERTY INFORMATION

GEO TECHNICAL SOIL BORINGS BY OTHERS

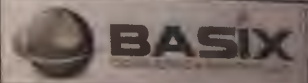
APN: 351-15-026



DESIGN FLOW:	175 GPD
SOIL APPLICATION RATE:	1.2 GPM/IN
ABSORPTION AREA REQUIRED:	274 SF X 2 = 548 SF (BASED ON SPECIFIED)
TRENCH LINEAL LOADING RATE:	5 GPA/FT
LINEAL FEET REQUIRED:	27.1 FT X 2 = 54.2 LF (ROUNDED)
TRENCH DIMENSIONS:	112 FT X 31 INCHES WIDE X 42 INCHES DEEP] X2
TRENCH REQUIRED:	42 FT PRIMARY AND 4 FT RESERVE

RECEIVED  
 MAR 07 2019

Site Plan  
 Scale: 1" = 30'



1141  
 STEVEN CANYON ROAD  
 SAN JOSE, CA 95128

Environmental, S.E. 22.5  
 2480 Hamilton Drive, Box A-454  
 Yuba City, TX 75404  
 Phone: 717-718-2122  
 Email: Texas@basixinc.com



Site Plan

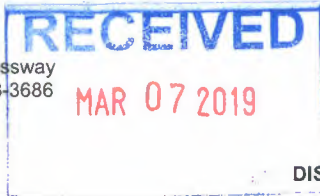
1 BEDROOM RESIDENTIAL  
 REMEDIATION & RESTORATION

REVISIONS	PROJ #18-13
02/13/2019	SCALE: NOTED
	2019-02-18
	2 of 3

80059846



5750 Almaden Expressway  
San Jose, CA 95118-3686  
(408) 265-2600



17580 Sterons Canyon Rd  
Cupertino  
351-15-025

# WELL CONSTRUCTION APPLICATION

FC 158 (03-26-15)  
Page 2 of 2

DISTRICT WELL PERMIT NO.:

Based on information on this application and attachment(s) hereto (if any) and subject to approval noted below, permission is hereby granted to construct (drill) the described well. Permission to start work may be withheld until a field check verifies all statements made on application by permittee and is also subject to the "General" and "Special" Conditions stated below.

## SANTA CLARA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH APPROVAL (Water Supply Well Only)

NOTE: Department of Environmental Health approval must be granted before this application will be accepted by Santa Clara Valley Water District.

Approved by:

*M. Nicole Jorgensen*

, R.E.H.S

- Approved as submitted
- Approved as corrected

Date: *4/2/19*

### SITE PLAN

A 8 1/2" x 11" paper site plan **must** be attached to this application, including:

1. Location of site features, including major buildings, landscaped areas, tank fields, existing wells, etc.
2. North arrow and scale
3. Location of proposed well with dimensions in feet from well to nearest cross streets.

*370'6" 53' N  
122° 7' 12" W*

### GENERAL CONDITIONS

- A. **District** (telephone 408-265-2607, ext. 2660) **must be notified a minimum of one working day before construction of the annular seal.** An authorized District representative must be on site to witness the construction of the annular seal. This requirement may be waived by an authorized District representative. If the District waives the inspection requirement, the District may request the permittee(s) to furnish certification, under penalty of perjury, that the well was constructed in accordance with the District Well Standards and with the permit conditions.
- B. Permittee agrees to construct, operate, and maintain the well according to provisions of the latest District Ordinance and the latest published revisions of District Well Standards to the end that this well will not cause pollution or contamination of groundwater or otherwise jeopardize the health, safety, or welfare of the people of the District.
- C. This permit is valid only for the purpose specified herein. Well construction methods authorized under this permit may not be changed except by written approval of an authorized District representative, and only if the District believes that such a change will result in equal or superior compliance with the District and State Well Standards (e.g., if the District representative finds that site conditions warrant such a change).
- D. This permit is only valid for the Assessor's Parcel No. indicated on it.
- E. This permit may be voided if it contains incorrect information. If the permit is voided after work has begun, the well or boring that was constructed under this permit must be destroyed in accordance with District and State Well Standards.
- F. If any work associated with this permit will take place on District property/easement, an encroachment or construction permit must be granted by the District's Community Projects Review Unit (telephone 408-265-2607, ext. 2589).
- G. Before the well constructed under this permit can be used as a drinking water source, its use must be approved by the regulatory agency with authority over such use (typically the Santa Clara County Department of Environmental Health or the State of California Department of Public Health). A completed Well Inventory Form must also be approved.
- H. If the well constructed under this permit cannot be or is not being used for its intended purpose, permittee is hereby required to destroy the well according to the District Well Standards and under permit from the District. Any test holes drilled under this permit must be destroyed within 24 hours of completion of testing activities. Destruction activities must be completed according to District standards. District must be notified a minimum of 24 hours prior to destruction.
- I. Within 30 days of the completion of the well construction activities, the driller or consultant identified on this permit shall fully complete State of California DWR Form 188 and mail the original to the District's Wells and Water Production Unit.
- J. The permittee(s) shall assume entire responsibility for all activities and uses under this permit and shall indemnify, defend, and hold the District, its officers, agents, and employees, free and harmless from any and all expense, cost, and liability in connection with or resulting from the granting or exercise of this permit including, but not limited to, property damage, personal injury, and wrongful death.
- K. Permittees are required to be in full compliance with Cal/OSHA California Labor Code Section 6300.
- L. A current C-57 Water Well Drilling Contractor's License is required for the construction of all wells.
- M. Permittee, permittee's contractors, consultants, or agents shall be responsible to assure that all materials or waters generated during drilling, well construction, well development, pump testing, or other activities associated with this permit will be safely handled, properly managed, and disposed of according to all applicable federal, state, and local statutes regulating such. In no case shall these materials and/or waters be allowed to enter, or potentially enter, on- or off-site storm sewers, dry wells, or waterways. Such materials/waters must not be allowed to move off the property where the work is being completed.
- N. The driller and consultants (if applicable) shall have an active copy of their Worker's Compensation Insurance on file with District.
- O. This permit shall expire if not exercised within 180 calendar days of its approval, unless an extension of the permit expiration date is granted by an authorized District representative.
- P. This permit must be kept on site during all activities associated with it and shall immediately be presented to an authorized District representative upon request.
- Q. Permittee shall notify Underground Service Alert (USA) at 1-800-227-2600 or 811 prior to any digging.

### SPECIAL CONDITIONS

*★ Well Requires 100 Foot annular seal as it does not meet minimum setback of 50 feet to sewer rightline. Requires autochlorination on drinking water. ★*

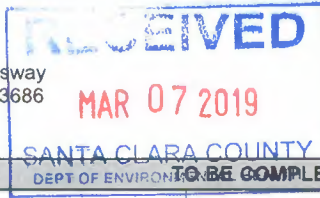
Community Projects Review Unit Approval (if needed):

CPRU Permit No.:

Approved by:

Date:

Please allow 10 working days to process this application.



**WELL CONSTRUCTION APPLICATION**

<b>TO BE COMPLETED BY DISTRICT</b>		
District Permit No.:	Date Issued:	Well Registration No.:
Geologic Setting:	Expiration Date:	Driller's Log No.:

<b>TO BE COMPLETED BY OWNER AND DRILLER</b>		
Well Owner: <b>ALICE SHEN</b>	Property Owner: <b>ALICE SHEN</b>	Name of Business at Well Site:
Well Owner's Mailing Address: <b>2219 W. OLIVE AVE #257</b> City, State, Zip <b>BURBANK, CA 91506</b>	Property Owner's Mailing Address: <b>2219 W. OLIVE AVE #257</b> City, State, Zip <b>BURBANK, CA 91506</b>	Address of Well Site: <b>17580 STEVENS CYN. RD.</b> City, State, Zip <b>CUPERTINO, CA 95014</b>
Telephone No. & Contact Name: <b>323-578-7238 ALICE</b>	Telephone No. & Contact Name: <b>323-578-7238 ALICE</b>	Telephone No.: <b>323-578-7238</b>

Owner's/Consultant's Well No.:	Assessor's Parcel No. of Well Site:	Book <b>351</b> Page <b>15</b> Parcel <b>026</b>
Consultant (Company): N/A	Drilling Company: Earth Flow Drilling Co.	
Address:	Address: 2600 Smith Grade City, State, Zip Santa Cruz, CA 95060	
Telephone No.:	Telephone No.: (831) 423-3288	C-57 License No.: 800269
<input type="checkbox"/> Check if address or phone number has changed	<input type="checkbox"/> Check if address or phone number has changed	

<b>THIS SECTION TO BE COMPLETED FOR ALL MONITORING WELLS OR EXTRACTION/RECOVERY WELLS</b>		
Case Name/No.:	Caseworker Name:	
Oversight Agency:	Caseworker Telephone No.:	
Signature of Responsible Professional	Date	Print Name
Civil Engineer Registration No.	OR	Geologist Registration No.

(No substitution of signature will be accepted)

Estimated Depth of Completed Well:  Less than 50 feet  50 to 300 feet  Over 300 feet  Other:

Well is to be constructed:  In a public sidewalk  In a public road  On public property  On private property  On District property/easement\*  
\*See General Condition F, page 2.

WELL TYPE/USE	<input checked="" type="checkbox"/> WATER PRODUCTION	<input type="checkbox"/> MONITORING	<input type="checkbox"/> REMEDIATION	<input type="checkbox"/> DEWATERING	<input type="checkbox"/> HEAT EXCHANGE	<input type="checkbox"/> INJECTION	<input type="checkbox"/> CATHODIC PROTECTION	<input type="checkbox"/> OTHER
	<input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal	<input type="checkbox"/> GW Level <input type="checkbox"/> GW Quality <input type="checkbox"/> Inclinator <input type="checkbox"/> Vapor <input type="checkbox"/> Other	<input type="checkbox"/> Air Sparge <input type="checkbox"/> GW Extraction <input type="checkbox"/> Material Emplacement <input type="checkbox"/> Vapor Extraction <input type="checkbox"/> Other	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Closed Loop <input type="checkbox"/> Open Loop	<input type="checkbox"/> Groundwater Cleanup Reinjection <input type="checkbox"/> Stormwater <input type="checkbox"/> Water Supply Recharge <input type="checkbox"/> Other		

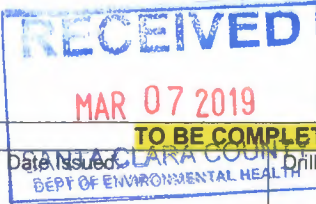
Other wells exist on this property?  Yes  No If yes, status:  Active  Inactive  Abandoned

**SIGNATURES**

I understand and agree that all work associated with this permit is required to be done in accordance with Santa Clara Valley Water District (District) Well Ordinance 90-1, the District Well Standards, and the conditions of this permit (see page 2). I certify that the information given in this permit is correct to the best of my knowledge and that the signature below, whether original, electronic, or photocopied, is authorized and valid, and is affixed with the intent to be enforceable. I also certify that a right of entry/encroachment agreement has been formalized between the well owner and property owner, if parties differ. I also understand that it is my responsibility, as the well owner, to notify the District of any changes in the purpose of this well, from which, is indicated on this application.

Signature of Property Owner/Agent: 	Date: <b>3/7/19</b>	Print Name of Property Owner/Agent: <b>ALICE SHEN</b>
Signature of Well Owner/Agent:	Date:	Print Name of Well Owner/Agent:
Signature of Well Driller/Agent: 	Date: 3/7/2019	Print Name of Driller/Agent: Aaron Lingemann
Signature of Consultant/Agent:	Date:	Print Name of Consultant/Agent:

**IMPORTANT:** A minimum 24-hour notice must be given to Santa Clara Valley Water District Well Inspection Department prior to installing the annular seal. Call (408) 265-2607, ext. 2660. Please allow 10 working days to process permit application.



**TO BE COMPLETED BY DISTRICT**

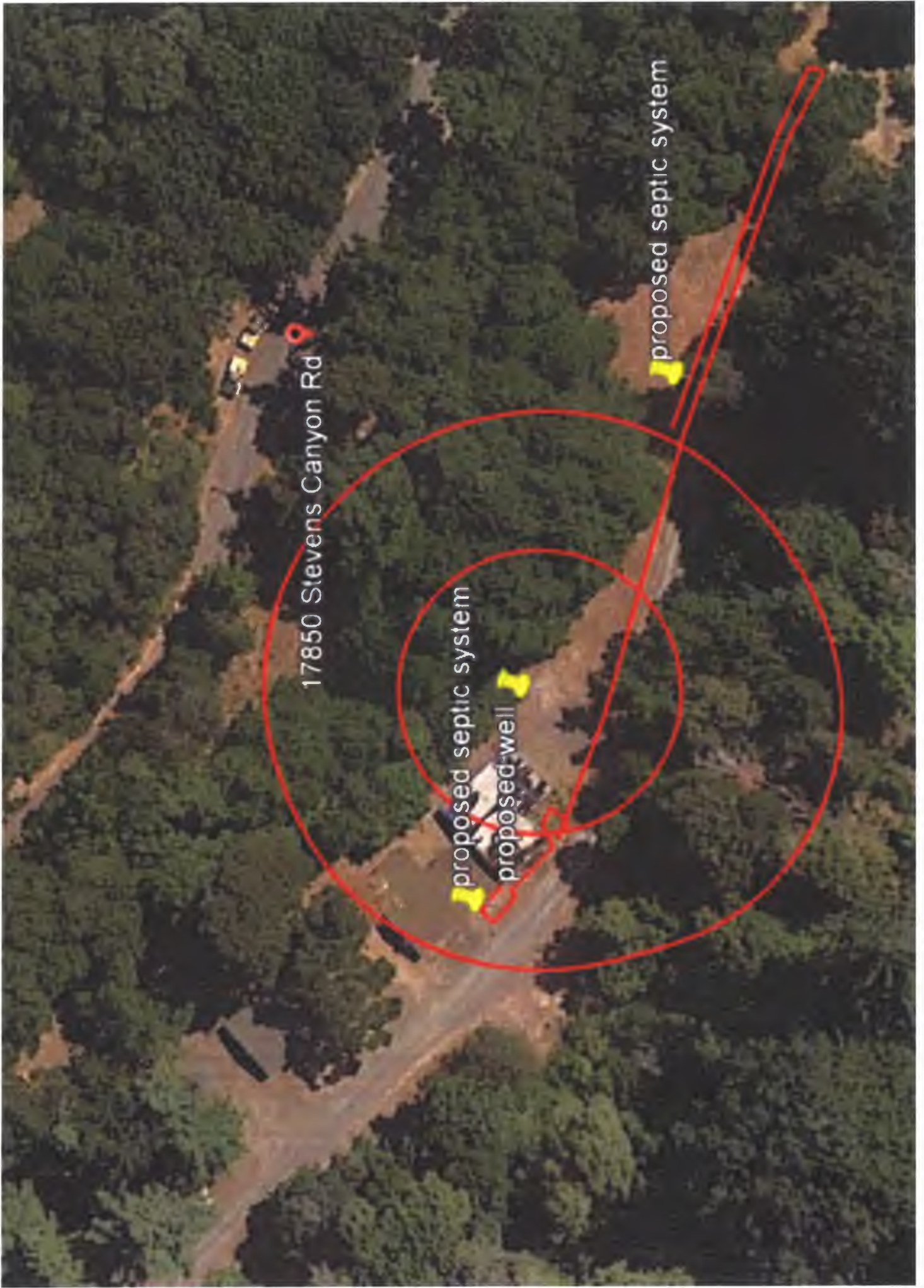
District Permit No:	Date Issued: <u>SANTA CLARA COUNTY DEPT OF ENVIRONMENTAL HEALTH</u>	Driller's Log No:	Well Registration No:
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Well Owner: <u>ALICE SHEN</u>	Property Owner: <u>ALICE SHEN</u>	Name of Property at Well Site:
Well Owner's Mailing Address: <u>2219 W. OLIVE AVE #257</u>	Property Owner's Mailing Address: <u>2219 W. OLIVE AVE #257</u>	Address of Well Site: <u>17580 STEVENS CYN. RD.</u>
City, State, Zip <u>BURBANK, CA 91506</u>	City, State, Zip <u>BURBANK, CA 91506</u>	City, State, Zip <u>CUPERTINO, CA 95014</u>
Telephone No: <u>323-578-7238</u>	Telephone No: <u>323-578-7238</u>	Assessor's Parcel Number of Well Site: Book: <u>351</u> Page: <u>15</u> Parcel: <u>026</u>

Do other wells exist on the property? ••Yes •~~No~~ How many wells total currently exist? 0  
Reason for installing new well: REPLACING CREEK SOURCE

LIST ALL EXISTING WELLS AND THEIR STATUS, IF KNOWN:	Environmental Health Dept.
Well Registration No: _____ Owner's Well No.: _____ Permit No. _____ Purpose of Well: _____ Status: •• Active •• Inactive Depth: _____ Casing: _____ Comments: _____	<ul style="list-style-type: none"> <li>•• Well in good condition</li> <li>•• Well in use</li> <li>•• Abandoned</li> <li>•• Damaged</li> <li>•• Well on Standby</li> <li>•• Well should be destroyed</li> </ul>
Do you plan to use this well? ••Yes ••No Comments: _____	Comments: _____
Well Registration No: _____ Owner's Well No.: _____ Permit No. _____ Purpose of Well: _____ Status: •• Active •• Inactive Depth: _____ Casing: _____ Comments: _____	<ul style="list-style-type: none"> <li>•• Well in good condition</li> <li>•• Well in use</li> <li>•• Abandoned</li> <li>•• Damaged</li> <li>•• Well on Standby</li> <li>•• Well should be destroyed</li> </ul>
Do you plan to use this well? ••Yes ••No Comments: _____	Comments: _____
Well Registration No: _____ Owner's Well No.: _____ Permit No. _____ Purpose of Well: _____ Status: •• Active •• Inactive Depth: _____ Casing: _____ Comments: _____	<ul style="list-style-type: none"> <li>•• Well in good condition</li> <li>•• Well in use</li> <li>•• Abandoned</li> <li>•• Damaged</li> <li>•• Well on Standby</li> <li>•• Well should be destroyed</li> </ul>
Do you plan to use this well? ••Yes ••No Comments: _____	Comments: _____
Well Registration No: _____ Owner's Well No.: _____ Permit No. _____ Purpose of Well: _____ Status: •• Active •• Inactive Depth: _____ Casing: _____ Comments: _____	<ul style="list-style-type: none"> <li>•• Well in good condition</li> <li>•• Well in use</li> <li>•• Abandoned</li> <li>•• Damaged</li> <li>•• Well on Standby</li> <li>•• Well should be destroyed</li> </ul>
Do you plan to use this well? ••Yes ••No Comments: _____	Comments: _____

**\*THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE WELL CONSTRUCTION APPLICATION. ALSO ATTACH A MAP SHOWING ALL WELL LOCATIONS WITH RESPECT TO PROPERTY BOUNDARIES AND STRUCTURES.**



17850 Stevens Canyon Rd

proposed septic system

proposed well

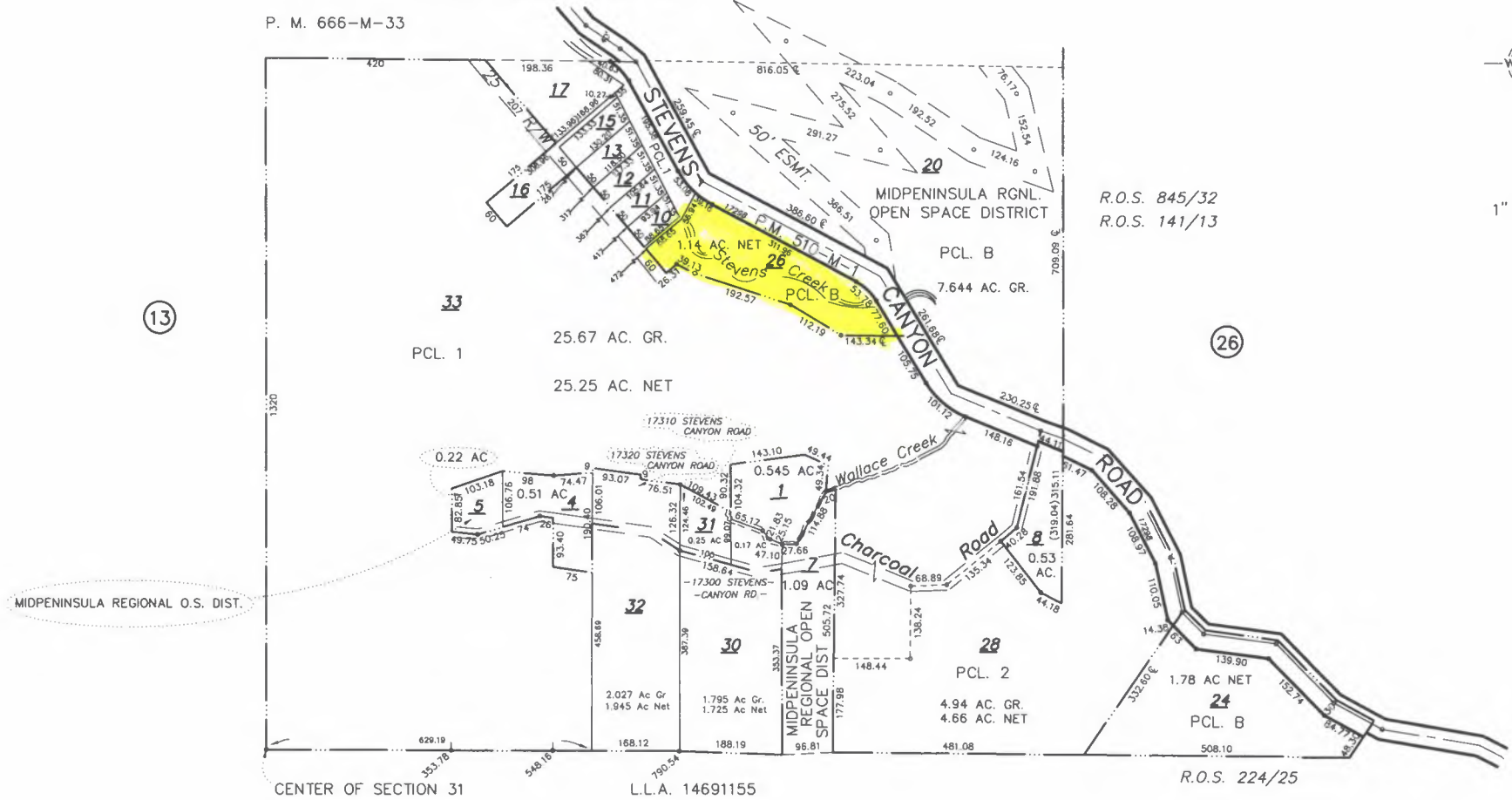
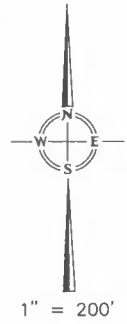
proposed septic system

TWP. 7 S, R. 2 W. S.W. 1/4 OF THE N.E. 1/4 OF SECTION 31

\* APN 351-15-010 = 17690 STEVENS CANYON ROAD  
 APN 351-15-015 = 17850 STEVENS CANYON ROAD  
 APN 351-15-017 = 17852 STEVENS CANYON ROAD

(13)

P. M. 666-M-33



(13)

(26)

(27)

TRA DET. MAP 35. 87  
 LAWRENCE E. STONE — ASSESSOR  
 Cadastral map for assessment purposes only.  
 Compiled under R. & T. Code, Sec. 327.  
 Effective Roll Year 2018-2019